4555 CERTIFICATE OF DEATH

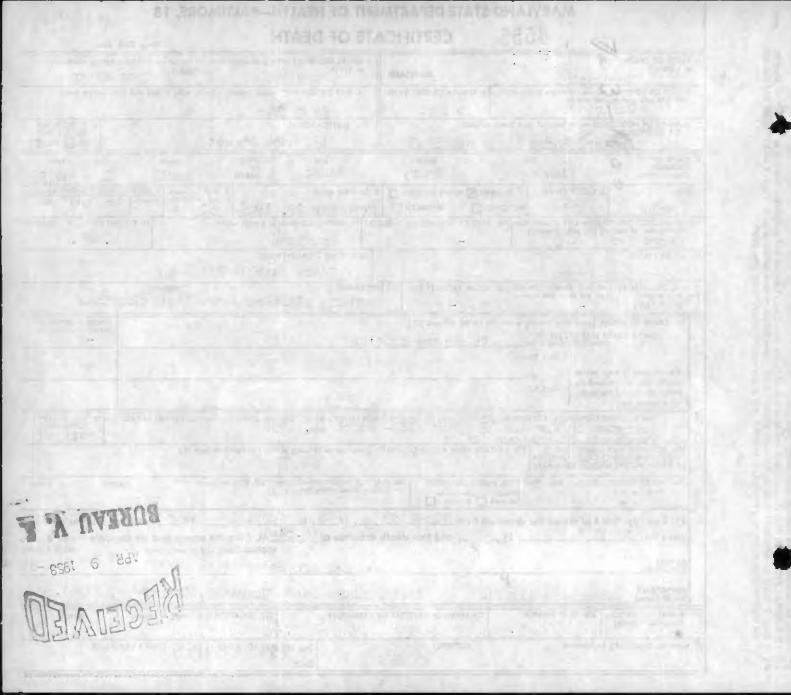
Reg. Dist. No.

04526

							Mag. Dist.	110.	
DO	rchester		MARYLAND	2. USUAL RESIDENCE (WI o. STATE Marylar	_	d. If institution b. COUNTY		before admission) hester	
b. CITY OR TOWN RURAL and give	(If outside corporate limit	ls, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a		limits, write R	URAL and giv	re neorest town)	
	Stern Shore			d. STREET ADDRESS	e Stree	t		e, IS RESIDENCE ON A FARM? YES NO 12	
3. NAME OF DECEASED (Type or print)	Fin James		Middle Henry	Losi Aaron	4. DATE OF DEATH	Mon Apr:		Day Year 1 19 58	
s. sex Male	6. COLOR OR RACE White	7. MARR	DIVORCED D	8. DATE OF SIRTH November 29.	1905	GE (In years st birthday)		YEAR IF UNDER 24 HRS.	
10a. USUAL OCCUPAT during most of wo Carpente	rking life, even ir refired)	ione 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole Maryland	or foreign country	rl		EN OF WHAT COUNTRY?	
13. FATHER'S NAME				14. MOTHER'S MAIDEN N					
Henry La					stelle F				
15. WAS DECEASED EV (Yes, no, or unknown) Unknown	ER IN U. S. ARMED FORE			RECORDS: Eas	tern Sho	re Sta		pital	
Conditions, if gove rise to case (o), stoting lying couse lost	the under-		Pulmonary Emb					ONSET AND DEATH	
O Perreh	osis of unk	nown	ONTRIBUTING TO DEATH BU LE hydrocele - Origin CRIBE HOW INJURY OCCURRE				'EN IN PART I	1(o) 19. WAS AUTOPSY PERFORMED? YES NO	
20c. TIME OF INJU		While	NJURY OCCURRED 20e. Pl Not while k of work	ACE OF INJURY (Home, form clory, street, office bldg., etc	20f. (City or to	own)	(Co	unty) (Stote)	
21. I certify to alive on AT ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)		- 12 ! Fr	lippin	occurred at 8:25	P.M., from the ADDRESS (Street, hore Sta	e couses of city or town, te Hos	ind on the stole) pital	DATE SIGNED	
220. BURIAL, CREMATI REMOVAL (Specify 23. FUNERAL DIRECTOR	14/7/2	5	Derchecte	or CREMATORY	Camb	(City, town, o	or county)	(Stote)	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 uneral director, ould be filed with may be retained. The hospital or ottending physicion.

TO FUNERAL DIRG R: After this certificate has been signed by the attending physician and campletely filled in by page 3 should be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 si the registrar priar to burial, cremotion, ar remaval, and in gay-eyent within 72 haurs after death. VS A15 (4) 15M 9/55



APOW

	4536 CERTIFICATE OF D					OF DEATH	DEATH Reg. Dist. No.					
1. 9	LACE OF DEATH COUNTY	orchester C	0.	MARYLA		USUAL RESIDENCE (WH	nera decease	d lived. If institut b. COUNTY			er Co.	
-		(If outside corporate limi		c. LENGTH OF STAY IN	16	c. CITY OR TOWN (IF o	outside corpo	orate limits, write f				
	Cambridge			2 Weeks	7.5	Cambridge	Md.					
	NAME OF HOSP	ITAL (If not in hospital, q	ive street		1	d. STREET ADDRESS				0. 3	S RESIDENCE	
_		e Md. Hospi	tal			243 Goldsb	rough	Ave.			ES NO DE	
	NAME OF DECEASED Type or print)	Mollie	rst	Middle E		Abbott	4. DATE OF DEATH	Men Apri		Day	Year 19 58	
5. S	EX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	0. D/	TE OF BIRTH		9. AGE (In years	IF UNDER		UNDER 24 HRS.	
Fe	male	White	WIDOW	DIVORCED		1/26/ 1876	5	lost birthday) 81 yrs.	Months	Days H	aurs Min.	
10a.	USUAL OCCUPAT	ON (Give kind of work	done 10b	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (State	ar fareign c	ountry)	12. CIT	IZEN OF V	VHAT COUNTRY	
	None	mag may evan ir remed		None		Golden H				USA .		
13. [FATHER'S NAME				14	MOTHER'S MAIDEN N	AME					
		orge Wilson				Eliza F	hilli	ps				
IS.	WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFOR	MANT		Add	ress			
	No		1	Vone	Ja	ames L. Abb	ott	Tay	ors I	s. Md		
			iuse per l	ine for (o), (b), and (c).]	1	0	0				AL BETWEEN	
		ATH WAS CAUSED BY: IMMEDIATE CAUSE (d	1	Cerebral	1	emont	oca			6	Lays	
П	33/x	DUE TO)	artining	0.		0				1. 1	
П	Conditions, if)(arteris		1000				un	aus	
	cotte (a), stating	the under- DUETC)									
CATION		- / (0	DITIONS	CONTRIBUTING TO DEATH	H BUT NOT	RELATED TO THE TERMI	INAL DISEAS	SE CONDITION GIV	EN IN PART	P	NAS AUTOPSY BERFORMED?	
	200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF	YAS UNDERLYING A G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED. (Er	ter nature af injury in 1	Part I or Par	rt II of item 18.)				
MEDICAL	20c. TIME OF INJU Havr o.m. p.m.	RY Manth, Day, Ye	While		e. PLACE (factory,	OF INJURY (Home, farm street, affice bldg., etc.	, 20f. (City	y or tawn)	(0	aunty)	(State)	
	21. I certify t	hat I attended the	decea	sed from 5/2	1	, 1958, 10	4/2	19.50	f that I I	ast saw	the decease	
	alive an	4/5	12	and that d	eath occ	urred at 8 45	Z.M. from					
			2					treet, city or town,			DATE SIGNE	
	SIGNATURE	defud !	C. 1	nanjan	M.D.	136	RA	ACE S	T.		1/3/5	
	PHYSICIAN'S NAME (Type)	ALFRED	R.	MARYA	NOV	CAT	MBR	UDGE	J	MI	>,	
_	REMOVAL (Specify	ON, 22b. DATE THEREC)F	22c. NAME OF CEMETE			22d. LOCA	TION (City, tawn,	ar caunty)		(State)	
-	urial	4/8/58		Brick Churc	h Tay			ors Is.		Md.		
	FUNERAL DIRECTO			ADDRESS			D 8Y RÉGIS		STRAR'S SIG	NATURE		
10	ecompte F	uneral Serv	7ICe	Cambridge N	ld.	DATE *	IPR 9	'58	In en	uch		

uneral director, ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 F may be retained the hospital or attending physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 of the registrar priar to burial, cremation, ar removal, and in any event within 72 hours after death.

2.5

VS A1S [4] 1SM 9/S5

8261 6 A9A

VS. A15ME(5) 5M 9/55 00

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AN	RYLAND	STATE	DEPARTMENT	OF HEALTH-	BALTIMORE,	18
-	MEDIC	AL EY	AMINED'S CI	EDTIFICATE	OF DEATH	

04528

	45							Keg. Ult	1. 140.	
1. PLACE OF DEATH	20	UU			USUAL RESIDENCE (Y	Yhere deceo			ce before e	odmission)
Do Do	orchester (lo.	MARYL	AND	o. STATE Md.		b. COUNT	Doro	chest	er Co.
b. CITY OR TOWN	It outside corporate limits, writ	e RURAL	E. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (IF	outside cor	porote limits, write	RURAL and	give neare	(nwot ta
Cambridge			10 Yrs.		13 Cambri	dge M	d.			
d. NAME OF HOSPI	TAL OR INSTITUTION	If not in hosp	stol, give street address		d. STREET ADDRESS				e,	IS RESIDENCE
Bay Hights	s Cambridge	Md.			Bay Hights	Camb	ridge Md.	•		S NO W
3. NAME OF DECEASED {Type or print}	Robert	इर्ग	Middle King		Baldwin	4. DATE OF DEATH	April	h J	Day	Year 19 58
5. SEX		7. MARRIES	NEVER MARRIED		ATE OF BIRTH		9. AGE (In years	IF UNDER TO	YEAR IF U	INDER 24 HRS.
Male	White	WIDOWED			8/30/1916		last birthday)	Months D	crys Hou	urs Min.
10a. USUAL OCCUPAT during most of work Well Dril	ION (Give kind of working life, even if relired)		ND OF BUSINESS OR II	NOUSTRY				US. CITIZI		HAT COUNTRY
13. FATHER'S NAME				1.	. MOTHER'S MAIDEN N	NAME				
Arthur	W. Baldwin	1			Edn	a C.	King			
15. WAS DECEASED E	VER IN U. S. ARMED FO		OCIAL SECURITY NO.	17. INFO	17. INFORMANT Address					
Yes	World War		0-09-5654	Mrs	Robert K.	Bald	win Camb	oridge	Md.	
	ediale couse	A	COHO		NEUMON	IA			ONSET AND	DET.
CATIC	HER SIGNIFICANT CON	DITIONS COM						VEN IN PART	1(o) 19. W PE YES	REORMED?
200. EXTERNAL CA	INTRIBUTING []	b. DESCRIBE	HOW INJURY OCCURR	ED. (Ente	r noture of injury in Port	l or Port II	of item 18.)			
20c. TIME OF INJU		or 20d. IN While of work	Nat while	PLACE factory,	OF INJURY (Home, form street, office bldg., etc.)	20f. (Cit)	or town)	{Count	ty)	(State)
	hat I took charge d from: Notural			Suicid		AMINER	ndetermined o	-		ate signed
NAME (Type)	au los aueres			sst.	DEPUTY MEDICAL E				11	1
Burial Burial	4/7/58)F	Dorchester		Park	Caml	oridge	Md		State)
23. FUNERAL DIRECTO			ADDRESS	24.1		D BY REGIST	. 0	STRAR'S SIGN	ATURE	
LeCompte F	uneral Serv	rice	Cambridge	Md.	DATE AP	H 9 1	58 182	LoALL	1.10	

BUREAU V. S.

BECEINED

therof director,

M

AFON

CERTIFICATE OF DEATH

2.4	-	1.1

	403	4 CERTIFICA	ALE OF PEATIT	Reg, Dist.	No.
1.	PLACE OF DEATH o. COUNTY Dorchester	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE Maryland	sed lived. If institution: Residence b. COUNTY	before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge	c. LENGTH OF STAY IN 16 entire life	c. CITY OR TOWN (If outside con	porote limits, write RURAL and give	re nearest town)
	d, NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Cambridge-Maryla	nd Mospital	202 Frankl		YES NO T
3.	NAME OF First DECEASED (Type or print) Thomas Mi	Middle 1bourne Br	ramble, Jr. 4. DATE OF DEAT		Day Year
	SEX 6. COLOR OR RACE 7. MARR White WIDOWE	IED NEVER MARRIED DIVORCED	B. DATE OF BIRTH	9. AGE (In years IF UNDER 1	YEAR IF UNDER 24 HRS. Pays Hours Min.
-	b. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)		Oct.19,1892 STRY 11. BIRTHPLACE (State or foreign	65 yrs. 12. CITIZ	EN OF WHAT COUNTRYS
V	lerk & Deliveryman Feed &	Seed Store	Cambridge		U.S.
L	T.Milbourne Br		Sallie L.Mill	8	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. 15. no, or unknown] (If yes, give wor or dates of service) NO 2		NFORMANT LElizabeth C.Bram	Address ble,202 Franklin	St., Camb.Mc
	PART I. DEATH WAS CAUSED BY: PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o)	RUPTURED A	NEURISM ABDOMINAL		ONSET AND DEATH
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS C				19. WAS AUTOPSY PERFORMED? YES NO
	200. ACCIDENT WAS UNDERLYING 1 20b. DESC OR CONTRIBUTING 1 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or P	ort II of item 18.)	
MEDICAL	Hour o. m. While	NJURY OCCURRED 20e. Pt Not while of work	ACE OF INJURY (Home, farm, 20f. [C ctory, street, office bldg., etc.]	ity or lown) (Ca	unty) (Slote)
	21. I certify that I attended the decease alive on 4-19-58, 19 ACTUAL SIGNATURE	ed from 1-27-58 , and that death www.	n decoursed at 8;10 Pm, from ADDRESS ADDRESS	om the causes and an the (Street, city or town, stote)	st saw the deceased date stated above DATE SIGNED 4-21-58
L	PHYSICIAN'S Albert E. Bunker	, M. D.	Cambridge, 1	Maryland	† 4: 4: 4: 4 = 4 = 4 = 5 = 5 = 4 = 5 = 4 = 5
22		22c. NAME OF CEMETERY OF BOTChester M	emorial Park Can	ATION (City, town, or county)	(Stote)
7	ferneth K. Hour	ADDRESS Cambrid	ge, Md. DATE APR 2 8	0 /	NATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained to be hospital ar attending physician.

O FUNERAL DIRECTA: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 and 2 stather registrar prior to burial, cremation, or remayal, and in any event within 72 hours offer death. TO FUNERAL DIRE VS A15 (4) 15M 10/57

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BUREAU V. S.

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VS A15 (4) 1SM 9/SS

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

04530

	-1-3-5-7	400	O CERTIFIC	ATE OF DEA	TH		Reg. Dist. N	¥o.
1. PLACE OF DEATH o. COUNTY Dore	chester Co.		MARYLAND	2. USUAL RESIDENCE o. STATE Md	•	lived. If instituti b. COUNTY		efore admission) ester Co.
b. CITY OR TOWN RURAL ond give Cambridge		its, write	c. LENGTH OF STAY IN TE	c. CITY OR TOWN		ote limits, write R	tURAL and give i	nearest town)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital,			d. STREET ADDRES	5 /			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Lula	ni	Middle Stapleforte	losi Brooks	4. DATE OF DEATH	Apri		Day Year 5. 19 58
s. sex Female	6. COLOR OR RACE White	WIDOW		4/21/1984		9. AGE (In years lost birthday) 73 yrs.	Months Doy	AR IF UNDER 24 HRS. Hours Min.
100. USUAL OCCUPAT during most of wo None 13. FATHER'S NAME	TION (Give kind of work orking life, even if retired	done 10b.	None	Lakesv	ille Md.	untry)	12. CITIZEN	OF WHAT COUNTRY
Will:	iam T. Stap				ra Jones			
15. WAS DECEASED EV (Yes, no, or unknown) NO	VER IN U. S. ARMED FOI (If yes, give wor or doles of		SOCIAL SECURITY NO. 17 None	, informant Donald Brook	s Hu	Add ntington		
\$ 4h	immediate DUE TO	D) D) O) NDITIONS	ateriose				Oslani VEN IN PART I (o	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTION (IF EITHER, NOTIF 20c. TIME OF INJU- Hour o. m p. m	. 10		Not while	PLACE OF INJURY (Home, foctory, street, office bldg.	form, 20f. (City		(Count	ly) (Stote)
21. I certify alive on	that I attended the	deceas	-C-	4, 1954, ta. ith accurred at 11			and an the a	saw the deceased date stated above DATE SIGNED
220. BURIAL CREMATE REMOVAL (Specif Burial	1226. DATE THERE	OF	22c NAME OF CEMETERY Dorchester			ION (Cily, lown,	or county)	(State)
23. FUNERAL DIRECTO LeCompte	ers signature Funeral Ser	vice	ADDRESS Cambridge M	1.1	REC'D BY REGISTE		STRAR'S SIGNAT	TURE .

8361 6 HeV THE PARTY OF SERVICE COUNTY OF THE COUNTY OF In

STATE

FOR STATE HEALTH DEPT.

sary, please ctor, Page Sur files of Health, DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is negassexecute the central file, writing the word "pending" in pendit in them, 18. Give Pages 1, 2, and 3 to the funeral stranged to should be formed as a found of the control of the con

5	2			1	9	,
		A				
	Df	VI :	ė,	7/		

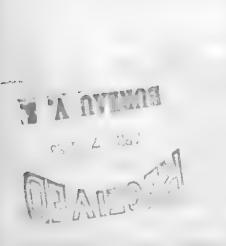
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()4531
[MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	4000	<u> </u>			Ked' Mili 140.			
1. PLACE OF DEATH COUNTY Dorcheste		MARYLAND			Dorchester			
b CITY OR TOWN I fouls de carpordie la condiçõe recent loun) Cambridge	mils, wnig ‡URAL	5 min.	11	outside corporate limits, write lock - Rural	RURAL and give neorest town)			
d NAME OF HOSP TAL OR INSTITU	TION (If not in hos	pital, give street address)	d STREET ADDRESS		+ IS RESIDEN E			
Cambridge-Ma	ryland H	ospital	Near	Williamsburg	YES NO			
3. NAME OF DECEASED (Type or print)	Bertha	Middle M.	Cannon	4. DATE Month OF DEATH ADri	Day Year 1 8 19 58			
5. SEX 6 COLOR OR	RACE 7. MARRII	ED D NEVER MARRIED D B	DATE OF BIRTH	9 AGE (In years	IF UNDER TYEAR IF UNDER 24 HRS.			
Female White	WIDOWE	DIVORCED []	January 17,	1886 72 yrs	Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of during most of working I fe, even if s Housework	f work done 10b.) efired)	CIND OF BUSINESS OR INDUST		er foreign country)	12 CITIZEN OF WHAT COUNTRY U.S.A.			
13. FATHER'S NAME			14 MOTHER'S MAIDEN I					
George Roger			Alvertia	Towers				
PART I. DEATH WAS CAUSE IMMEDIATE CA Lack Conditions, if ony, which gove rise to immediate couse to the couse tost.	Conditions, if any, which by gave rise to immediate cause by a stating the underlying DUE TO							
PART II. OTHER SIGNIFICAN 200. EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING D CAUSE OF DEATH.		E HOW INJURY OCCURRED (E			N IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NOT NOT			
ZOC. TIME OF INJURY Month, C	19 Of wo	Not while focks	E OF INJURY (Home, farm ry, street, office bidg , etc.)	(County) (State)			
21. I certify that I taok a opinion death resulted fro				y □, Inspection ☒, Homicide □, Undeter	The second secon			
ACTUAL SIGNATURE	(m)	med	_M D. CHIEF MEDICAL EX		DATE SIGNED			
EXAMINER'S Dr. Joh	n Hace	Jr.	DEPUTY MEDICAL	1 /-	0/53			
220. BURIAL, CREMATION, 226 DATE		22c. NAME OF CEMETERY OF	CREMATORY	rederalsburg	COUNTY) Maryland (Store)			
23. FUNERAL DIRECTOR'S SIGNATURE J.J. Framptom and	Son, Fede	ralsburg, Mary	land		HAR'S SIGNATURE			



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 04536 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Reg. Dist. No. HEALTH DEPT USUAL RESIDENCE (Where deceased I ved If institution Residence before admission) PLACE OF DEATH a COUNTY b COUNTY Dorchester o. STATE Maryland Dorchester les. ealth, MARYLAND b. CITY OR TOWN (if outside corporate firm to write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (f outside corporate limits, write RURAL and give nearest town) Cambridge Cambridge d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS 5 RE JOSE & ON A FARMA 602 High St. YES NO TE 3. NAME OF Middle 4. DATE Month DECEASED April DEATH (Type or print) Stewart Edwards 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8 DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS Months Days Negro Female WIDOWED DIVORCED 10g USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Maryland ovm home Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Catherine Elliott Henry J. Stewart 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Melvin Fountaine Cambrid, e. Md. "pending" in pencil in Item. 1.
dicol Examiner's Office along w NTERVAL BETWEEN 18. CAUSE OF DEATH | Enter only one couse per line for (a), (b), and (c) Ingtent Coronary occlusion PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Wald DIJE TO Conditions, if ony, which gove rise to immediate couse (DUE TO (o), stoting the underlying cours lost. PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART HOLDS. WAS AUTOPSY PERFORMED? Diabetes mell'itus. 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | 20d. INJURY OCCURRED | 20e PLACE OF INJURY (Home, form, 120f (City or town) 20c. TIME OF INJURY (County) (State) factory, street, office bldg., etc.) Not while of work of work 21. I certify that I took charge of the remains described above, held on Autopsy , Inspection K. Inquiry ... and in my opinion death resulted from: Notural causes 🛛 Accident 🗍 Suicide 🗍 Homicide 🗍 Undetermined manner 🗍 DATE SIGNED forth DIRE M.D. CHIEF MEDICAL EXAMINER xecule to the should be for the should be for the should be for the should be for the should be ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** John Mace Jr. DEPUTY MEDICAL EXAMINERY NAME (Type 220 BUR AL, CREMATION | 220 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (Stole) REMOVAL (Specify) Bethel Cemetery Cambridge **ADDRESS** 240 REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS ALSME Cambridge. Md.

ENERGY A F

6061 08 89A

TEAM DEG

Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) **b.** COUNTY Borchester c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Vienna - Rural ON A FARM? Near Rhodesdale 4. DATE Month 19 58 April 1.0 DEATH 9. AGE (In years IF UNDER TYEAR IF JINDER 24 HRS lost birthday) Manths 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY Dorchester Co. Md. U.S.A. Estella Collins Address Robert Neal. Hurlock, Maryland INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO | 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part II or Part II of item 18.) 20f. (City or town) (Slate) (County) 10, 19 That I last saw the deceased , and that death occurred at 7:50A M, fram the causes and on the date stated above ADDRESS (Street, city or town, stote) NAME (Type Near Rhodesdale, Maryland 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OF CREMATORY REMOVAL (Specify) April 13,1958 Rhodesdale Cemetery 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE J.J.Framptom and Son, Federalsburg, Maryland DATE

pode

BUERAU V. L.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04538 4558 **CERTIFICATE OF DEATH** Rea. Dist. No. filed with M Page 4 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Dorchester MARYLAND at hh death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 18 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest town) rural Cambridge OFTARASI d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Eastern Shore State Hospital YES NO NO NAME OF Middle 4. DATE Month Day Year 100 DEATH (Type or print) 1958 IF UNDER 1 YEAR! IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthday) Months Doys WIDOWED [DIVORCED [7] 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (Stole or foreign country) gud UILDING 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME INFORMATION INFORMATION IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Eastern Shore State Hospital records 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL RETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) -OroNaru LINK DUE TO Conditions, if any, which gove rise to immediate DUE TO cottse (b), stoling the underlying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART VIOL 19, WAS AUTOPSY PERFORMED? YES I NO DR 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. Not while at work 🔲 at work p. m. Feb 11 , 1956, to Al-TL 18, 1958, that I last saw the deceased 21. I certify that I attended the deceased from... ____, and that death occurred at 4:45PM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE prior should O FUNERAL I PHYSICIAN'S he registrar NAME (Type) Thomas J. Dredge 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City_town_or county) (State) REMOVAL (Specify) wia 246 REGISTRAR'S, SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. RECID BY REGISTRAR norti cast VS A15 [4] DATÉ 15M 9/55

S.V. UAMANUS

4559 **CERTIFICATE OF DEATH**

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Page 4

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death TO NOSTRIAL OF A PROPERTY PROPERTY OF THE CONTROL O

TO HOSPITAL OR VS A15 (4) 15M 9/55

1. PLACE OF DEATH					2. USUAL RESIDENCE (Who	era deceas	ed lived. If institution	n: Residence	before odn	mission)
o. COUNTY Dorch	ester		MARYLI	CNU	o. STATE Maryla	ind	b. COUNTY	Worce	ster	
b. CITY OR TOWN (If our RURAL and give neares	tside corporate limi	ts, write	c. LENGTH OF STAY IN	11ь	c. CITY OR TOWN (If or	utside corp	arale limits, write RI	URAL and give	e nearest k	own}
Cambr		4	2vrs. 11mo.	Lid	avs Snow H	ill	-	,, .		
d NAME OF HOSPITAL (lf not in haspital, g	ive street a	ddress)		d. STREET ADDRESS				e IS	RESIDENCE
	rn Shore	Stat	e Hospital		_					NO 🔀
3. NAME OF DECEASED	Fir	st	Middle		lost	4. DATE	Mont	th	Day	Year
(Type or print)	Edw		-		Gray	OF DEATH	Apri	11	22	19 58
5. SEX 6.	COLOR OR RACE	7. MARRI	ED NEVER MARRIED	[X] 0	. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1		
Male	White	WIDOWE	hal			1882	76 yrs.	Months De	bys Hou	rs Min.
10a. USUAL OCCUPATION (during most of working	Give kind of work	done 10b. I	CIND OF BUSINESS OR	INDUS	RY 11. BIRTHPLACE (Stole of	or foreign	country)	12 CITIZE	N OF WH	IAT COUNTRY?
Farmer	IIIO, SVEIT II TEIII EU	'	440		Maryland			I	J.S.A.	
13. FATHER'S NAME					14. MOTHER'S MAIDEN N	AME				
James A.	Grav				Unknown					
IS. WAS DECEASED EVER IN	U. S. ARMED FOR	CE5? 16. S	OCIAL SECURITY NO.	17. IN	FORMANT		Addr	211		
(Yes, no. or unknown) (If ye	s, give war or dates of s	ervice)		מ	ECOPDS: East	onn C	Shore Stat	- Hoer	าi + าไ	
The California	F			17	BOOLINO: Bast	CT II F	more buat	te most		
18. CAUSE OF DEATH	Lanter only one co	iuse per lini	e for (o), (b), and (c).]		113-1	. Mar	10-6	4.	ONSET AL	ND DEATH
IN IN	MEDIATE CAUSE (o	1 Ct re	beue My	>0a	ectellic (1)	CLLE	delate	Ulbu		
1 4	DUE TO	1/1-	. , , ,	pa .		-	- 1			
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gove rise to imme		art	(/2	1	1	P				
lying couse lost.	under-	, Clere	ruc Ex	111	241101841	60	payella	eli-		
PART II. OTHER	IGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	H BUT I	OT RELATED TO THE TERMIN	NAL DISEA			(g) 19. WA	AS AUTOPSY
ATA				_	,				PER	FORMED?
20a. ACCIDENT WAS U	NDERIVING []	20h DESC	PIRE HOW INTITION OCC	7110050	(Enter nature of injury in P	est I on Bo	at II of Stem 10.1		TES	□ NO [X]
OR CONTRIBUTING OF	CAUSE OF DEATH	100. 0130	ANDE HOTE HODE! OE	LOKKED	true nature of injury in r	01110110	ii ii oi iieii to.j			
20c. TIME OF INJURY I	Month, Day, Yes	ar 20d. IN	JURY OCCURRED 2	0e. PLA	CE OF INJURY (Home, form,	20f. (Cit	y or lown)	(Cou	nly)	(Stote)
Hour o. m.	19	While at work	Not while	fact	ory, street, office bldg., etc.))				
21. I certify that	L = 11 = - d = -d = d = -			٦	, 19 <u>56</u> , 10 <u>Ap</u>	39 i 7	22 •• 58			
		deceose								
olive onApri	1 22	12.5	Ω_{-} , and that d	ieath	occurred at ILL				dote st	
ACTUAL	1 . 1	11/1	22.1/2				itreet, city or town,	state)		DATE SIGNED
SIGNATURE	Kelle	100	102.00	N	o Cambridge,	Mary	rland		4:	-23-58
PHYSICIAN'S		7	6 3		ft				-	4
NAME (Type)	lwin Ward		Eastern	1 5h	ore State Hos	spita.	l, Cambrid	ise, Ma	irylai	nd
220. BURIAL, CREMATION,	226. DATE THEREC)F	220-NAME OF CEMET	ERY-OR	CREMATORY-	22d. LOC/	TION ICity, town, o	r county)	(5	lote)_
wolony Bd	4-25-	1758	v. ymd.	Ma	d. Johnson	130	allinor	for .	m	نحلا
23. FUNERAL DIJECTOR'S SI	GNATURE)	ADDRESS		24a. REC'D			TRAR'S SIGN	ANDRE	
Renner	1 RIL	mer	2 Cand	سد	Go Swed DATE API	R 2 B '	58	Leduc	人	
	A-71	7,,,,			0 7 7 7					

BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04541 **CERTIFICATE OF DEATH** 4561 Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 6 COUNTY MARYLAND b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If butside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) d NAME OF HOSPITAL (If notin hospital, give street address) a. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? YES NO First Middle 4. DATE Month Year Day OF DEATH 10 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RÀCE AGE (in years lost birthday) Months Doys DIVORCED | WIDOWED [9 YES. 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTLANAS 12 CITIZEN OF WHAT COUNTRY? dyring most of working life, even if retired) 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMAN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Canditions, if any, which gove rise to immediate DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Fart 11 of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc. Not white While

catte (a), stating the underlying cause last.

200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Month, Haur o. m. at work at wark p. m.

-14 - , 1958, to S 21. I certify that (attended the deceased from 4 19 Athat I last saw the deceased olive on_ and that death accurred at_____M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED

PHYSICIAN'S NAME [Type]

220. BUR AL, CREMATION, 22c. NAME OF GEMETERY OR CREMATORY C

23. FUNERAL DIRECTOR'S SIGNATURE

ACTUAL

SIGNATURE

24g. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

22d_LOCATION/(Gibs_town, or county)

DATE

2 15M 9/S5

FUNERAL

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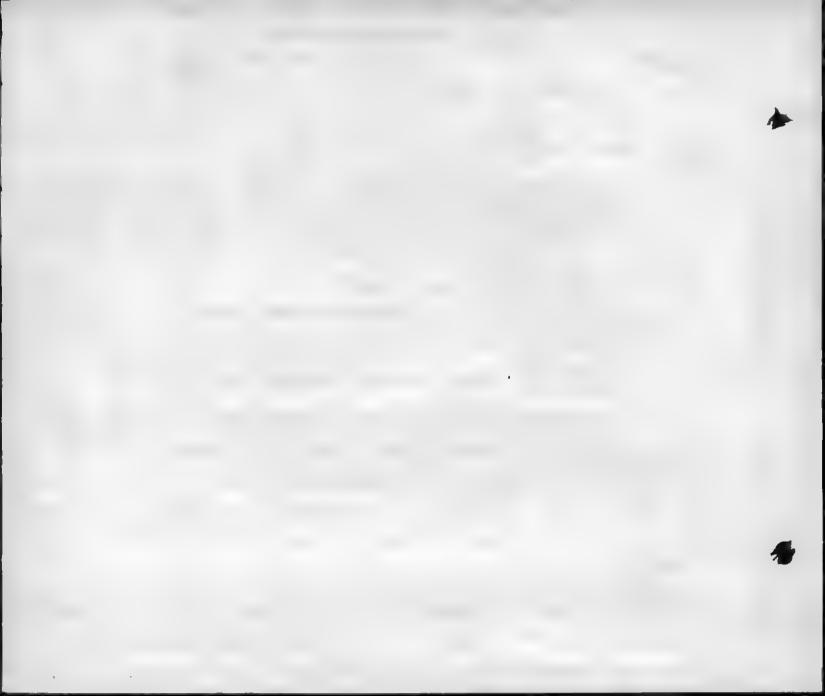
o. COUNTY

NAME OF

DECEASED

(Type or print)

13. FATHER'S NAME



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 - MEDICAL EXAMINER'S CERTIFICATE OF DEATH

04542

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY Dorchester Co. MARYLAND Md. Dorchester Col b. CITY OR TOWN (If outside corporate fimili, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL end give nearest town) Cambridge Md. × Cambridge Md. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) . d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO T Cambridge Md. Hospital Cambridge Md. RFD 3. NAME OF First Middle 4. DATE Month Day Year DECEASED OF (Type or print) DEATH James Higgins April 16 19 58 9. AGE fin years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH IFUNDER TYEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min. WIDOWED I DIVORCED T Male White YCs. 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Pumping Sta. Operator Dor. Water Co. Baltimore Md. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Herbert Higgins Mattie Creamer 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17 INFORMANT 16. SOCIAL SECURITY NO. Address Yes Cambridge Md World War 217-09-9050 Mrs James Higgins 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Coronary occlusion instant IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINALDISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO IT 20g. EXTERNAL CAUSE WAS PRIMARY | gr CONTRIBUTING | CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (State) 20f. (City or town) (County) factory, street, office bldg., etc.) Nat while Hour While a. m. at work at work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy ... InspectionXX. Inquiry , and find that deoth resulted from: Notural causes ... Accident . Suicide . Homicide . Undetermined couse DATE SIGNED **ACTUAL** CHIEF MEDICAL EXAMINER | SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER TO NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State) REMOVAL (Specify) Burial Dorchester Mem. Park Cambridge 246 REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR

DATE

LeCompte Funeral Service Cambridge Md.

VS. A15ME(5) SM 9755

Funerat

BUREAU V. &



BUREAU V. S



TO DEPUTY MED—AL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please executed the certification will be used or pending! In penal in Item 18. Give Pages 1, 2, and 3 to the funeral director Prage 4 should be forwarded to 2, and Americal Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIR. TOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burief. Creamain. VS. A15ME(5)

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		MEDI	TLOWS	NER'S	CERTIFIC	CATE O	DEATH	Reg. Dist. N	14544
PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission)				
	Dorchester Co. MARYLAND			IARYLAND	o. STATE Md. b. COUNTY Dorchester Co.				ster Co
b	b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b				c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)				
	and give hearest town)				Cambridge Md.				
_	Cambridge Md.		d. STREET ADD				e. IS RESIDENCE		
, "	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)								ON A FARM?
	309 Oakley St.				309 0	akley S	5 .		YES NO 🔀
3.	NAME OF DECEASED	First	Middl	•	Last	4. DATE	Month	Doy	Year
	Type or print) Wij	lliam	C.	J	ohnston	DEAT	April	20	19 58
5. \$	EX 6. COLOR	OR RACE 7- M	ARRIED 🖾 NEVER MA	RRIED 🔲 8.	DATE OF BIRTH		9 AGE (In years lost birthday)	IFUNDER TYEAR	
	Male Whit	00	OWED DIVOR		11/23/1/3	00// 190	1 5756 m	Months Days	Hours Min.
10a	. USUAL OCCUPATION (Give kin luring most of working life, even	id of work done 1 if retired)	06. KIND OF BUSINESS	OR INDUSTR	Y 11. BIRTHPLACE	(State or foreign	country)	12. CITIZEN O	F WHAT COUNTRY
	Salesman		Hardware		Kenne	edyville	Md.	US	A
13.	FATHER'S NAME			14. MOTHER'S MA	IDEN NAME				
	Frank Johnston			Emma Coleman					
	WAS DECEASED EVER IN U. S. ARMED FORCES? [36, SOCIAL SECURITY NO. 117, IN			IFORMANT Address					
{Yes	No (If yes, give wor or dotes of service) 161-01-6896 Mrs William C. Johnston 309 Oakley St.								
		alu ana causa nas	<u>''</u>		ro Marania	mir O. 001	1115 0011 00		RVAL BETWEEN
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: Company of the cause per line for (a), (b), and (c).]				a 3			ONS	ET AND DEATH
	IMMEDIATE CAUSE (6) SOLICITIST Y OCCULING TOTAL								l hr.
	420.1 DUE TO								
	Conditions, if ony, which 161								
	gave rise to immediate couse (a), stating the underlying DUETO								
	couse last. (c)								
CERTIFICATION	PART H. OTHER SIGNIFI	CANT CONDITION	NS CONTRIBUTING TO E	EATH BUT N	OT RELATED TO THE	E TERMINALDISE	ASE COND TION GIV	- 1	9. WAS AUTOPSY PERFORMED? YES NO.K
Ä	200 EXTERNAL CAUSE WAS	20b. DES	CRIBE HOW INJURY OF	CCURRED. (Er	nter noture of injury	in Part I ar Port	II of item 18.)		
CER	PRIMARY or CONTRIBUTING								
	20c. TIME OF INJURY Mont	h, Day, Year	20d. INJURY OCCURRED	20e. PLAC	E OF INJURY (Hom	ne. form. 120f. IC	ity or town)	(County)	(State)
MEDICAL	Hour e.m. p.m.		While Not while at work	facto	ry, street, affice bld	g., etc.)	, 0. 70,	(000/)	(0.0.0)
	21. I certify that I taa	k charge of t	he remains descr	ibed abay	e, held an Au	utopsy .	Inspection X.	Inquiry 🗆	, and find the
	death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined cause .								
	ACTUAL SIGNATURE	lu	mos	A	_M.D.	ICAL EXAMINER	_		DATE SIGNED
	EXAMINER'S NAME (Type)	on Hic	e Jr.			MEDICAL EXAMINES	1	/ 2/59	
220	BURIAL, CREMATION, 276. DA	ATE THEREOF	22c. NAME OF CE	METERY OR	CREMATORY	22d LO	CATION (City, lown, e	or county)	(State)
B	urial 1/2	22/58	Christ	Church	Cemeterv	Cami	oridge -	, Md.	A
	FUNERAL DIRECTOR'S SIGNATU	RE	ADDRESS	VALUE VAL		REC'D BY REG		TRAR'S SIGNATU	RE
T.	eCompte Funeral	Service	e Cambride	e Md.		APR Z	- 55	The Mounts	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04545 4546 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) COUNTY b. COUNTY MARYLAND CITY OR TOWN Mijoutside corporate limits, write RURAL and give mearest lawny c. LENGTH OF STAY IN JEL c CITY OR TOWN (If outside exporate limits write RURAL and give negrest town) NAME OF HOSPITAL (If not phospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? NAME OF First Middle 4. DATE Day Year OF (Type or print) DEATH 19-5 6. COLOR OF RACE MARRIED T NEVER MARRIED T 8. DATE OF SIRTH 9. AGE (In years lost) by Thouy) IF MINDER 1 YEAR IF UNDER 24 HRS. Months Days DIVORCED WIDOWED PL 100, USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS BIRTAPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? ida most of working life, even if 13. FATHER'S MAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Addres 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) OMBOSIS DUE TO Canditions, if any, which gave rise to immediate DUE TO cause (a), staling the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY PERFORMED? Ú YES T NO F 200 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206 DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20e PLACE OF INJURY (Hame, form, 20f (City or town) 20c TIME OF INJURY Month. Day, Year 20d INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Haur 0 m While Not while p. m. at work at wark Shat I last saw the deceased 21. I certify, that I attended the deceased from and that death accurred at alive on M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL Pa PHYSICIAN'S NAME (Type) BURIAL CREMATION. EMBIERAL-DIRECTOR'S SIGNATURE ADDRESS

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VS A15 (4) 15M 9/55





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VS A1S (4)

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Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Dorchester Co. Dorchester Co. Md. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Aireys Md. Life Aireys Ms. d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? OR INSTITUTION Airevs RFD # 2 Cambridge Md. Aireys Md. YES NOTE 3. NAME OF Middle 4. DATE Day Year DECEASED B. DEATH April 19 58 Marshall (Type or print) Lynn 9. AGE (in years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Months Days Hours DIVORCED [7] Male White WIDOWED [10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slote or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Store Aireys Md. USA Store Keeper 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William J. Marshall Mary Ester Phillips 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address World War Mrs Lvnn Marshall Aireys Yes None 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) 2 days Uremia 1142x renal disease DUE TO Arteriosclerotic hypertensive cardio vascular 10 years Conditions, if any, which gove rise to immediate DUE TO cotise (a), stating the under-Arteriosclerosis, generalized lying couse lost. years PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NOTE Hemiplegia, right 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CERTIF 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) Doy. 20c. TIME OF INJURY Month. Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town) (Slate) (County) factory, street, office bldg., etc.) Not while ol work To work 21. I certify that I attended the deceased from December 1, 1945, to April 3, 1958, that I last saw the deceased and that death occurred at 8: 10AM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) **DATE SIGNED** ACTUAL 15 Locust Street, Cambridge. SIGNATURI PHYSICIAN'S Eldridge H. Wolff. NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) East New Market Cemetery East New Market Burial 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. RECID BY REGISTRAR 246 REGISTRAR'S SIGNATURE Cambridge Md. LeCompte Funeral Service DATE

TANT

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VS A15 (4) 15M 9/SS

A.V. UARTING

VS A15 (4) 1SM 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4564 CERTIFICATE OF DEATH

Reg. Dist. No. ()4548

								-			
1. PLACE OF DEATH o. COUNTY		MARYL	- 11	o. STATE		ere decease	d lived. If institut b. COUNTY		_		
Dorchester C b. CITY OR TOWN (if outside corporate limit		c. LENGTH OF STAY I			Md.	stride corns	prote limits, write I		ches		
RURAL and give nearest town) East New Market Md.		6 Mos.	1					OKAL OIL	give ileai	1631 10W1	7
d. NAME OF HOSPITAL (If not in hospital, a	jive street :			East N		rket	MG.		1	e. IS RES	IDENCE
East New Market Md.			'	East N		rket.	Md.			ON A	FARM?
3. NAME OF	rst	Middle	(1	Lasi		4. DATE	Mo	nth	Day		Yeor
OECEASED (Type or print) Nicye		Spear		Merrick		OF DEATH			5.		19 58
5. SEX 6. COLOR OR RACE	7. MARR	HED NEVER MARRIE	D 8.	DATE OF BIRTH	1		9. AGE (in years lost birthdoy)	IF UNDE			ER 24 HRS.
Female White	WIDOWI	DIVORCED		12/13/6	3		94 yrs.	Months	Days	Hours	Min.
100 USUAL OCCUPATION (Give kind of work during most of working life, even if retired	done 10b.	KIND OF BUSINESS OF	INDUSTR	Y 11. BIRTHPL	ACE (State of	or foreign c	ountry)	12. C	TIZEN O	F WHAT	COUNTRY?
None	<u> </u>	None		Dor	chest	er Co	•	U	SA		
13. FATHER'S NAME				14. MOTHER'S	MAIDEN N	AME					
Robert W. Spear					Rosea	nn Pa	ul				
15. WAS DECEASED EVER IN U. S. ARMED FOR (Yes, no. or withnown) [If yes, give wor or dates of t		SOCIAL SECURITY NO.	17. INF	DRMANT			Add	dress			
No	N	lone	1 1	Matti Matti	<u>e Mer</u>	rick	East N	ew Ma	rket	Md.	
18. CAUSE OF DEATH [Enter only one co	ouse per li	ne for (o), (b), and (c).	/		1					RVAL BE	TWEEN
PART I. DEATH WAS CAUSED BY:	1 (0)	rebral f	10C	evor	Juga				4	du	-17
4-22./ DUE TO	1	<i>f</i> .	1	1	00	λ			,	> /	
Conditions, if any, which gave rise to immediate	flil	ull-ol	kus	1cm	V.	().					
coese (o), stoting the under-	1	t		*			1			1	
tying cause tost.	1411	elle for	un				lzici				
PART II. OTHER SIGNIFICANT CON	IDITIONS C	ONINBUTING TO DEA	IH BUI NO	DI RELATED TO	THE TERMIN	NAL DISEAS	E CONDITION GI	VEN IN PA	RT 1(o) 19	PERFO	RMED?
200 ACCIDENT WAS HINDERLYING TO	20h DES	CRIBE HOW INJURY OF	CHROED	Enter natura al	Clainer in D	ant Las Pas	t II of Stem 18 1			YES [NO 🔼
PART II. OTHER SIGNIFICANT CON 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING LIF EITHER, NOTIFY MEDICAL EXAMINER]	200. 023	CRIBE HOW HADDET OC	CORRED.	Luier noible of	i enquiy in i		THO HER IS,				
20c. TIME OF INJURY Month, Day, Ye Hour e. m. 19	ar 20d. II While		20e. PLAC	E OF INJURY (I	lome, form,	20f. (City	or town)		(County)		(Stote)
p. m. 19	ol wor	k at work		,,							
21. I certify that I attended the	deceas	ed from		., 1942	to W	R.L	5 , 1950	that I	last sa	w the	deceased
alive on Classel 3	, 19_5	A, and that	death o	ccurred at.	/		n the causes				
1177	1.	,		(lreet, city or town,				ATE SIGNED
SIGNATURE / / / / / / /	w /L	200	M,	, (uu	hu	dr.	MA	//		
PHYSICIAN'S NAME (Type)	1										
220 BURIAL, CREMATION, 226. DATE THEREC)F	22c. NAME OF CEME	TERY OR C	REMATORY		22d. LOCA	TION (City, town,	or county)		(Stot	e)
Burial (Specify) 4/8/58		Eats New N	larke	t Cemet	eru	East	New Mar	cet.		Md	
23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS			240. REC'D	BY REGIST	TRAR 245 REG	STRAR'S S	GNATUR		
LeCompte Funeral Serv	ice	Cambridge N	4d.		DATE	PR 9	'58 L	mine	ruch		



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MARYLAND STATE DI	EPARTMENT OF HEALTH-	-BALTIMORE, 1	8
. MEDICAL EXA	MINER'S CERTIFICATE	OF DEATH	Rec

04549

			U	4	U	4	13
١.	Dist.	No.					
-			_	_		-	

-			4.4									
1.	PLACE OF DEATH		UTT		11:	FIDENCE (V	There deceas	ed lived. If Institu		cs bef	ore admission)	
		chester Co		MARYLAND	o. STATE	Md.		b. COUNT	Y Dorel	hes	ter Cå.	
	b. CITY OR TOWN (If a ond give negres) town)			c. LENGTH OF STAY IN 16	c. CITY OR	TOWN (If	outside corp	porote limits, write	RURAL and	give no	orest town)	
	Cambrid	ge Md.		Life	Camb	oridae	Md.					
П	d. NAME OF HOSPITA	L OR INSTITUTION (If not in ho	spital, give street address)	d. STREET ADDRESS e. IS RESID							
	Talbot	Ave.			Tall	oot Av	re.			YES NO		
	NAME OF DECEASED	Fir	ut	Middle	Los	ı	4. DATE OF	Monti	h	Doy	Year	
	(Type or print)	Robert		R.	Mills	5	DEATH	Apri	1	21,	19 58	
5. :	SEX	6. COLOR OR RACE	7. MARR	IED 🔼 NEVER MARRIED 🗌 E	. DATE OF BIRTH	1		9. AGE (In years less berthday)	IF UNDER 1	-	IF UNDER 24 HRS.	
	Male	White	WIDOWE	D DIVORCED	6/23/82	2		75 yrs.	Months D	מא	Hours Min.	
100	. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPL	ACE (State	or fareign c	ountry)	12. CITIZ	EN OF	WHAT COUNTRY?	
	Merchant	,,		Store	Don	rchest	ter Co		U	SA		
13.	FATHER'S NAME				14. MOTHER'S	MAIDEN N	IAME					
	Robe:	rt Mills				Luc	cretia	Moore				
	. WAS DECEASED EVE	R IN U. S. ARMED FO		SOCIAL SECURITY NO. 17. I	NFORMANT			Address				
1	No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		None	Howeth 1	Vills		Cambi	ridge	Md.		
IB. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]									INTERVAL BETWEEN ONSET AND DEATH			
		H WAS CAUSED BY:	Co	propary occli	usion					01102	Insta t	
	44 11	DUE TO										
	Conditions, if on	y, which) (b)										
	gove rise to immedi (a), stoling the vi	iote couse										
	couse lost.	(c)										
z	PART II, OTHE	ER SIGNIFICANT CON	D.TIONS C	ONTRIBUTING TO DEATH BUT I	NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	VEN IN PART	1(0) 19		
CERTIFICATION										Y	PERFORMED?	
TE	20g EXTERNAL CAUS	SE WAS 20	b. DESCRIE	BE HOW INJURY OCCURRED. (I	inter nature of In	jury in Port	1 or Parl II	of item 18.)				
	CAUSE OF DEATH.	IKIBUMNG LI										
3	20c. TIME OF INJUR	Y Month, Day, Yea		E - 14	CE OF INJURY	Home, form	20f. (City	or town)	(Coun	ly)	(State)	
MEDICAL	Hour a.m.	19	While of w	le Not while TOCT	ory, street, office	ning., erc.	' i					
	21. I certify the	of I took charge	of the	remoins described obo	ve, held on	Autopsy	y 🗍 , lı	rspection [3],	Inquiry	Π.	and find that	
		from: Notural				lomicide		ndetermined o				
	(7										
	ACTUAL	the same	9-1-	-	_ M.D. CHIEF A	MEDICAL EX	AMINER				DATE SIGNED	
	SIGNATURE		-	11		NT MEDICA	AL EXAMINE	8 🗆				
	EXAMINER'S DE	c. John i	lace	Jr.	DEPUTY	MEDICAL E	EXAMINER T	4/22	2/58			
220	BURIAL, CREMATION REMOVAL (Specify)	N. 226. DATE THEREC)F	22c. NAME OF CEMETERY OR	CREMATORY		22d. LOCA	TION (City, tawn,	or county)		(Stote)	
_	urial	1 4/23/58		Dorchester Me	m Park		Cambr		M	d.		
	FUNERAL DIRECTOR'S			ADDRESS		240. REC't	D BY REGIST	RAR 246. REGY	STRAR'S SIGN	HATUR	E	
L	eCompte Fu	neral Serv	ice	Cambridge Md.		DATEPR	2 4 '58	LU A	roue	of her		

VS. A15ME(5) 5M 9/55

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APR S4 joe:



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4.7	_	10.00	- ,-	

		458	35	CERTIFIC	AT	E OF D	EATH	1			Reg. Di	st. No.		
1, P	LACE OF DEATH				2.	USUAL RESID	ENCE (Wh	ere decease						sion)
		chester		MARYLAND		M. SIAIE	aryla	nd	ь.	COUNTY	Wicor	nico		
ŀ	CITY OR TOWN (IF	outside corporate lim	its, write	c. LENGTH OF STAY IN 16	,	c. CITY OR TO	OWN (If o	utside corpo	rote limit	s, write Rt	JRAL and	jive neo	rest low	n) ,
	Cam	bridge		9 days		S	alisb	ury		in the	1 1 N NL			
0	OR INSTITUTION	AL (If not in hospital,	give street	oddress)		d STREET AC	DRESS						e. IS RES	E ARM?
		tern Shore	Stat	e Hospital		2	23 Hi	gh St	reet	St.				NO 🔀
0	NAME OF DECEASED Type or print)	Fi Jam	-	Middle Waples		Mitch	ell	4. DATE OF DEATH		Mon	~	Do:	,	Yeor 19 58
5. S	EX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B. D.	ATE OF BIRTH			9 AGE		IF UNDER			-
	Male	White	WIDOW	ED DIVORCED		July 4	. 188	7		O yrs.	Months	Days	Hours	Min.
100.	usual occupation during most of working Caretaker	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OR INC	DUSTRY	11. BIRTHPLA		or foreign c	ountry)		12. CII			COUNTR
13.	FATHER'S NAME				1.	4. MOTHER'S						U.S	.A.	
		iam Burket	+ Mit	chell		Mary 1								
15. (Yes	WAS DECEASED EVER		CES7 16.		REC	RMANT Mr CORDS: 2	s.Ca	rrie	Boy hore	Stat Sal	iltci e Ho lsbu	nel spit	I(W:	lfe)
	IB. CAUSE OF DEAT	TH [Enter only one co	ouse per li	ne for (o), (b), and (c).]								INTE	RYAL BE	TWEEN
	PART I. DEAT	TH WAS CAUSED BY:)	Bronchial p	onet	monia						ONS	ELAND	DEATH
	422.2	DUE TO)											
	Conditions, if on)	Myocarditis	S								•	-
	gave rise to in coese (o), stating the lying couse last.		:)											
ATION	83101 W			contributing to death be ne assoc. With						TION GIV	EN IN PAR	T 1(o) 1	PERFC	AUTOPSY DRMED?
CERTIFICATION		S UNDERLYING III CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY OCCUR						m 1B.)	• • •			
MEDICAL	20c, TIME OF INJURY Hour g. m. p. m.		While	NJURY OCCURRED 20e. Not white of work	PLACE factory,	OF INJURY (H , street, office	bldg , etc.)			i i	County)		(Stote
	21. I certify the	at I attended the	deceas	ed from April	1	1958	, taA	pril	10	1958	,that I	last sa	w the	deceas
Ш	alive an Apr		12_	$\frac{28}{2}$ and that dea	th oc	curred at	1:58A	M, fran	n the c	auses a	nd an tl	he dat	e state	ed abay
	ACTUAL SIGNATURE	Eury)	7600	2/5-	M.D.	Cambr		ADDRESS (S	treet, city	or lown,			D	ATE SIGN -10-5
		dwin J: Wa		Eastern S			e Hos	pital	. Ca	mbri	lge,	Mary	land	i
220.	BUR AL, CREMATION	Apr. 13,		Parsons				zzd. LOCA Sal	ion (ci	y, town, o	Mary	lan	d (Stot	'e}
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			24a. REC'C	BY REGIST	TRAR :	24b. REGIS	TRAR'S SIG	SNATUR	E	
Н	YAWOLIO	& COMPAN	Y	SALISBURY M	IAR	LAND	DATE			000	1	1		

Funeral director, uid be filed with **TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs affer death. Page may be retained. The haspital ar attending physician.

5 FUNERAL DIR:

R: After this certificate has been signed by the attending physicion and campletely filled in page 3 shauld be teached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs offer death. TO FUNERAL DIRE TO HOTHTAL DR VS A15 (4) 15M 9/55

SON OFFICE

_^			43.	148							Ker	g. Dist. No.			
		PLACE OF DEATH				2	. USUAL RESID	ENCE (Wh	ere decease	d lived. Il insti		esidence befor	e admiss	ion)	
\mathcal{V}	L'		rchester Co		MARYI	LAND	V. JIMIL	Md.		P CONV		orchest	ter (Co.	
	1	b. CITY OR TOWN (I RURAL and give no	f outside corporate limi	ls, write	c. LENGTH OF STAY	N 15	c. CITY OR T	OWN (If o	utside corpo	rate limits, writ	e RURAL	ond give nec	rest lown)	
	0	ambridge 1	_ '		2 Weeks		Vie	na M	d.						
7		d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	ive street	address)		d. STREET A	DDRESS					e. IS RESIDENCE ON A FARM?		
-			dge Md. Hos	pita.	1		Vienn	a Md.					YES NO D		
		NAME OF DECEASED	Fin	r†	Middle		losi		4. DATE	, A	Honth	Do	,	Year	
		(Type or print)	Angenor	a	Layto	n	Murph	Γ	DEATH	Apr	Ll	3,		19 58	
	5. 9	SEX	6. COLOR OR RACE	7. MARR	HED TO NEVER MARRIE	D 🔲 8. I	DATE OF BIRTH			9 AGE (In year		NDER 1 YEAR			
	F	'emal e	White	WIDOWI	DIVORCED	8 🗆	/8/18/7/	9/ 187	78		rrs Mor	nths Doys	Hours	Min.	
1	100	. USUAL OCCUPATION	ON (Give kind of work or king life, even if retired)	done 10b.	KIND OF BUSINESS OF	R INDUSTR	11. BIRTHPL	ACE (Stote	or foreign c	ountry)	3	2. CITIZEN O	F WHAT	COUNTRY?	
	1	None			None		V:	Lenna				USA	1		
_	13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME						
		Wil	liam J. Lay	ton				Lau	ra Mel	Vamara					
	15. (Yes	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFO	RMANT			A	Address				
		No			None	Mr	s Horo	ld Ri	chards	on	<i>l</i> ien	na Md.			
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]											RVAL BE			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)											UNS	ET AND	DEATH	
			DUE TO			.59	8	3					11	-	
	Conditions, if ony, which) to extra to the conditions, if ony, which)											1412.			
		gove rise to it catse (a), stating	mmadiote (1		
		lying couse lost.	(c)												
	O N	PART II. OTH	IER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEA	TH BUT NO	T RELATED TO	THE TERMI	NAL DISEAS	E CONDITION	GIVEN IN	V PART 1(0) 1	P. WAS	AUTOPSY RMED?	
1	CAT													NO 🗍	
	CERTIFICATION	20g. ACCIDENT WA	S UNDERLYING	20b. DES	CRIBE HOW INJURY OF	CURRED. (Enter nature of	injury in f	ort 1 or Par	t (I of item 18.)					
		(IF EITHER, NOTIFY	MEDICAL EXAMINER)												
	MEDICAL	20c. TIME OF INJUR	Y Month, Day, Yes			20e. PLACE	OF INJURY (F	iome, form	, 20f. (City	or town)		(County)		(Stote)	
	MED	Hour o.m.	19	While of wor	Nat while	jocioi	y, street, office	orago, enc.	1						
		21. I certify th	at I attended the	deceas	ed from 3	115/1	17.19	. to	4/3/	17- 19	the	at I last sa	w the	deceased	
		alive on	1/2/1	19	and that	death o		9334	M from	n the cause					
		/	5	1		ocain o	scottou aç,	1		treet, city or to			D/	LTE SIGNED	
		ACTUAL SIGNATURE	invene	Me	in fines	мг	,		13	6 Ba	ce j	11	4/	1152	
,					A . O		*		1		*****	1		angel an in a galaka <u>an</u> a	
-		PHYSICIAN'S NAME (Type)	- JWrenc	e	1194791	10 1		Ĺ	dm	bridg	t,	MG			
	220	BURIAL, CREMATIO	N, 225. DATE THEREO	F	22c. NAME OF CEME	TERY OR C	REMATORY		22d. LOCA	TION (City, tow	n, or cou	unty)	(Stote	e)	
	B	REMOVAL (Specify)	146/58		Vienna	Cemet	erw		Win	nna		Ma			
	_	FUNERAL DIRECTOR			ADDRESS	بالنيسيسي			BY REGIST		GISTRAR	's signatur	E		
	T.	eCompto Fi	man Come	ino	Combudde	. M.S		DATE AL	R 9	58	124	much			

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 French director, wid be filed with may be retained. The haspital ar attending physician.

O FUNERAL DIRE

R: After this certificate has been signed by the attending physician and campletely filled in by 1 page 3 shauld be vetached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death.

TO FUNERAL DIRE TO HOSPITAL OR YS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4566

CERTIFICATE OF DEATH

Reg. Dist. No.

04552

(State)

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N.		\mathcal{I}	1,	PI O.

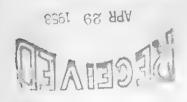
15M 9/SS

ACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) COUNTY DORCHESTER **b.** COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write | c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest lawn] CAMBRIDGE ENTON d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? EASTERN SHORE STATE HOSPITHL YES NO 4. DATE Month Year DECEASED OF DEATH ELMER 1 HEODORE (Type or print) 1958 6. COLOR OR RACE 7. MARRIED KNEVER MARRIED 9. AGE (In years 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months WIDOWED [7] DIVORCED [10a. USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Mullemi 14. MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. STATE HOSPITAL RECORDS 5HORE 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) HEART ERIDSCLEROTIC SEVERAL **DUE TO** LIENERALIZED ARTERIOSCLEROSIS Conditions, if any, which gove rise to immediate **DUE TO** cotte (o), stoting the underlying cause last. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f. (City or lown) (County) factory, street, office bldg., etc.) Hour a.m. While Not while at work all work p. m. 21. I certify that I attended the deceased fram. Xthat I last saw the deceased , and that death accurred at 2:15/4M, from the causes and an the date stated above. ADDRESS (Street, city or lown, state) DATE SIGNED ACTUAL D PHYSICIAN'S NAME (Type) 226. BURIAL CREMATION, 225, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 24s. REC'D BY REGISTRAR. 24b. REGISTRAR'S SIGNATURE DATE





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



LISEVA N. E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04554 4567 **CERTIFICATE OF DEATH** Rea. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. COUNTY **b.** COUNTY MARYLAND MUC. C. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPIJAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION YES NO NO NAME OF Middle DATE Month Year DECEASED PENN ELL DEATH (Type or print) 19 IF UNDER TYEAR IF UNDER 24 HRS 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In Years S. SEX 7. MARRIED NEVER MARRIED lost birthdoy) Months Davs DIVORCED [WIDOWED 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? oth. during most of working life, even if retired) pup carbon 7112114 14. MOTHER'S MAIDEN NAME 13. FATHER'S TYAME nave 17. INFORMANT 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) 420.0 DUE TO Conditions, if ony, which 50 gove rise to immediate **DUE TO** cottse (o), stoting the underlying couse lost. PART 18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100 19. WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year (County) (State) factory, street, office bldg., etc.) Hour g. m. Not while While of work of work p. m. 2. 19.3 X that I last saw the deceased _. 19.0 7. ta/s 21. I certify that Lattended the deceased from and that death accurred at 0.250 A.M. from the causes and an the date stated above. alive on 65 ADDRESS (Street, city or lown, state) DATE SIGNED ACTUAL SIGNATUR should PHYSICIAN'S NAME (Type) FUNER! 220 BURIAL, CREMAJION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION-LETT, town, or county) (Stote) REMOVAL (Specify) Ó 23. FUNPRAU DIRECTOR'S SIGNATURE ADDRESS 246 REGISTRARYS SIGNATURE 24c, REC'D BY REGISTRAR VS A15 (4) DATE 15M 9/SS 150

BUKEAU V. S.

Sperit Aga

DECEDAED

1550 CERTIFICATE OF	DEATH
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	4550	CERTIFICA	ITE OF
LACE OF DEATH COUNTY Dorobester		MARYLAND	2 USUAL RI D. STATE

Reg. Dist. No.

1 PLACE OF DEATH						2 USUAL RESID	DENCE (Wh	era decease	lived. If institut		nce befor	e admissi	on)
	rchester Co			MARYLAN	MD	o. STATE	Md.		b. COUNTY	_	heat	er C	0-
b. CITY OR TOWN (I RURAL and give no	f outside corporate limi	ts, write	c. LENGTH (OF STAY IN	1ь	c. CITY OR 1	OWN (IF o	utside corpo	rote limits, write				
Cambrid	ge Md.		1 Da	y.		. Camb	ridge	Md.					
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	ive street o	oddress)			d STREET A	DDRESS				1	e, IS RESI	DENCE FARM?
Cambridge 1	Md. Hospita	1				(Cam	oridge	Md.					NO 🖅
3. NAME OF DECEASED	Fic	at te		Middle		los		4. DATE	Mo	nth	Day	y Y	egr
(Type or print)	Earl T.			I	Ric	hardson		DEATH	April	_	13.	1	9 58
S. SEX	6 COLOR OR RACE	7. MARRI	EO NEVE	R MARRIED	8	DATE OF BIRTI	1		9 AGE (In years lost birthday)		RIYEAR		
Male	White	WIDOWE	D 😿 (DIVORCED [וכ	1873			81 yrs	Months	Days	Hours	Min.
100 USUAL OCCUPATION	ON (Give kind of work king life, even if retired	done 10b. I	KIND OF BUS	INESS OR IN	NDUST	RY 11, BIRTHPL	ACE (State	or foreign c	ountry)	12. C	ITIZEN O	F WHAT	COUNTRY?
Retired			st Off	ice		Max	yland	1		1	ISA		
13. FATHER'S NAME						14. MOTHER'S	MAIDEN N	AME			- 43		
Columbi	s Richards	on				Sara	h Chr	ristop	her				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECU	RITY NO.	17. IN	FORMANT				fress			
No	for here there was an arriver or a		one		Mr	James H	Richar	dson	Lloyd	s Md.			
18. CAUSE OF DEA	ATH [Enter only one co	use per lin	e for (a), (b),	ond (c).]							INTE	RVAL BET	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	CA	ARD	IOV	4	SCUL	AR	REA	VALD	ISFAS	HONS	LAND L	UFFK
	DUE TO												
Canditions, if a	ny, which)	,											
gove rise to i	mmediate (NISTO												-
lying couse lost.	(c)											
PART II. OTH	ER SIGNIFICANT CON	DITIONS C		G TO DEATH	BUT N	NOT RELATED TO	THE TERMI	NAL DISEAS	CONDITION GI	VEN IN PA	RT 1(o) 15	. WAS A	JTOPSY
18	CHRO	NI	CA	- 57	.4	MA						PERFOI	The second second
PART II. OTH	S UNDERLYING	20b. DESC	RIBE HOW I	NJURY OCCU	JRRED	(Enter noture of	Linjury in P	ort I or Port	I II of item 18.}				
	CAUSE OF DEATH MEDICAL EXAMINER)												
20c. TIME OF INJUR Hour e. m. p. m.	Y Month, Day, Ye		LIURY OCCUR			CE OF INJURY ()			or town)		(County)		(Stote)
₽ p. m.	19	While of work	Not whi	'°□		07, 211021, 011100	orogi, arci						
21. I certify th	at I attended the	decease	d from	TOE	<u>- c</u>	1949	10/	3 AP	RJL, 195	Othor I	last sa	w the	decensed
alive an 12	APRIL	. 19 5		d that de	oth	accurred of	1:40	At from	the causes	and an	the dat	e state	d abave
	7/	0	· U		#				reel, city or lown				TE SIGNED
ACTUAL	Halle	10	He	und	ry	0/1	05	- C	HUR	\#	31	14,	477/
	4	-	Ċ		110	10 0	L A a						58
PHYSICIAN'S NAME (Type)	ALTER	/=	. 6	UNB	Y	ノベ	·/ / //	137	2120	-		M	D
220. BURIAL, CREMATIC REMOVAL (Specify)	N, 22b. DATE THEREC	F	22c. NAME	OF CEMETER	RY OR	CREMATORY		22d. LOCAT	ION (City, town,	or county)		(Stote	1
Burial	14/15/58			ridge	Cer	metery		Camb	ridge	N	ld.		
23. FUNERAL DIRECTOR			ADDRES	iş Ü				BY REGIST	E 1	STRAP'S SI	GNATUR	57	
LeCompte Fi	meral Serv	ice	Cambri	.dge Mo	d.		DATE	APR 2.1	.28	Uni e	auc !	^	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 VS A1S (4) 1SM 9/S5

BUREAU V. R.

130 TO 80.

04556

	-4568				Reg. Dist, No.
COUNTY JOTY C'L		MARYLAND	a STATE	here deceased fixed. If institution of the country	tution Residence before admission) TY) Or chester
b. CITY OR TOWN (If outs de corporate : ond give nearest town)	mils write RURAL E	LENGTH OF STAY IN 16	E. CITY OR TOWN (IE	outside corporate limits, writ	e RURAL and give nearest town)
nural Harlock	, . 4.	Life	x Tirloc	-	
d NAME OF HOSPITAL OR INSTITU	PON (I not in hospito	l, give street address)	B STREET ADDRESS		ON A FARM YES NO
3. NAME OF	First	Middle	Last	4. DATE Mon	th Day Year
(Type or print) Newe	11	Jester Ro	binson	4. DATE Mon	17 3/1 18K.
5. SEX 6 COLOR OF		NEVER MARRIED 8	DATE OF BIRTH	9 AGE in years	THUNDER TYEAR IF UNDER 24 HR
. le wni	TO WIDOWED	DIVORCED [12/10/1902	los by hodox)	Months Doys Haurs Min
10a USUAL OCCUPATION (Give kind a during most of working life, even if i	etired)				12. CITIZEN OF WHAT COUNTR
13. FATHER'S NAME		eating	Maryla		US A
	Dahinnan		14. MOTHER'S MAIDEN N	-	
15. WAS DECEASED EVER IN U.S. ARA	Robinson	TAL SECURITY NO 17. W	Laura In	Address	
[Yes, no, or unknown] (If yes, give war of			.rs. Nevel		Harrott, 1.
18 CAUSE OF DEATH [Enter only		(o), (b), and (c), }			INTERVAL BETWEEN
PART I. DEATH WAS CAUSE IMMEDIATE CA	USE (a) DIOM	ming .			Instant
1 770 X	OUE TO				
Canditians, if any, which gave rise to immediate cause	(b)				
(a), stating the underlying	OUE TO				
cause last.	(c)				
PART II. OTHER SIGNIFICAN 200. EXTERNAL CAUSE WAS PRIMARY DOP CONTRIBUTING II	IT CONDITIONS CONTI	RIBUTING TO DEATH BUT F	IOT RELATED TO THE TERMI	NAUDISEASE CONDITION G	IVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PRIMARY TO CONTRIBUTING CAUSE OF DEATH.		self in c	nter nature of injury in For	I or Fart II of Hem 18)	
3 20c, TIME OF INJURY Month, I	Day, Year 20d HVIL		CE OF INJURY (Home, form	20f (City or town)	(County) (Stole)
20c. TIME OF INJURY Month, I	158 While at work		ory, street, affice bldg., etc. 은이동	Lear Hurl	ock br. 1.
21. I certify that I took c					
opinion death resulted fro				famicide . Undet	
ACTUAL SIGNATURE	- me	- L	"M.D. CHIEF MEDICAL EX	AMINER -	DATE SIGNED
EXAMINER'S on Jon	n Jace Jr		ASSISTANT MEDICAL I		12:15?
220 BURIAL CREMATION 226 DATE	THEREOF 220	. NAME OF CEMETERY OR	CREMATORY	22d LOCATION (City town,	
REMOVAL (Specify)	7/5:	Unchester		' i'mi i e.	an it
23 FUNERAL DIRECTOR'S S GNATURE		ADDRESS	246 REC'I	D BY REGISTRAR 246 REG	SISTRAR'S SIGNATURE
			DATE		in educh

tory please our files. TO DEPUTY MEDICAL EXAMINER: This certrificate shauld be executed within 24 hours after death. If any delay is neg execute the certificate withing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral of 4 should be for used to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TM IMMEMAL DIRECTOR: Rage 3 should be IMMEMA as a Ministransit permit. File pages 1 and 2 with the State Bool or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death

VS A15ME 5M 2/57 Ì

E A RADIO

1 08 89h

poge 0 VS A15 (4) 15M 10/57

PHYSICIAM'S NAME (Type)

REMOVAL (Specify)

220. BURIAL, CREMATION, 22b. DATE THEREOF

23. FUNERAL DIRECTOR'S SIGNATURE J.J. Framptom and Son, Federalsburg, Maryland

28.1958

Thompsontown Cemetery

24a, REC'D BY REGISTRAR DATE

Near East

246 REGISTRAR'S SIGNATURE

New Market.

e. IS RESIDENCE

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO

164

(Stote)

26

Days

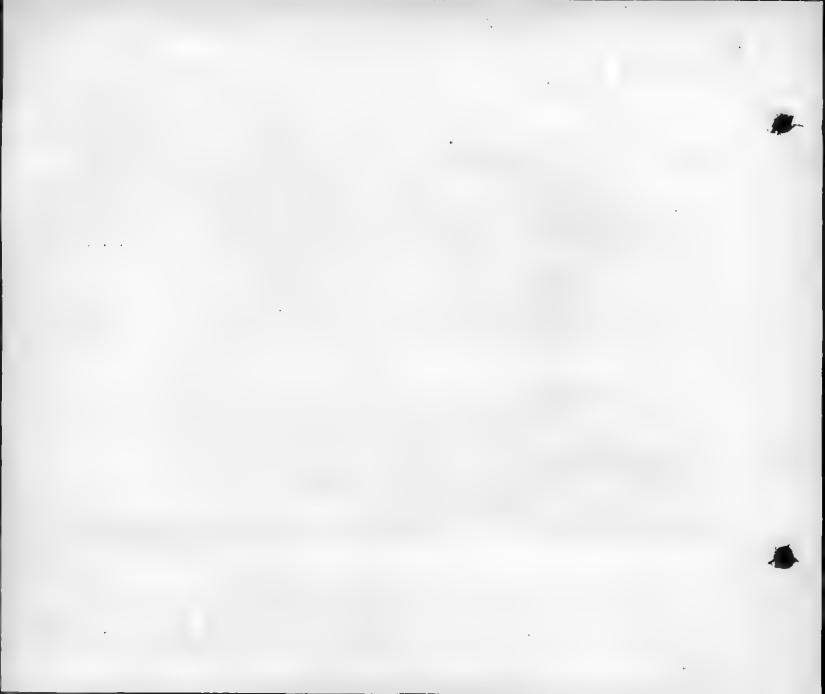
U.S.A.

[County]

YES NO TE

Year

158



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 4570 Ite CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) o. COUNTY filed b. COUNTY Dorchester MARYLAND a V W L b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 þe c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest town) AVS rural Cambridge d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESTDENCE OR INSTITUTION ON A FARM? Eastern Shore State Hospital YES I NO K NAME OF First Middle 4. DATE Day Month Year DECEASED (Type or print) DEATH 19 5 62 F and 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months WIDOWED 4 DIVORCED [papers. 10o. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? eg.death. during most of working life, even if retired) Marryland OUSK LUI 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Eastern Shore State Hospital records 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) -OFOXSTV Lnt 420. DUE TO Conditions, if any, which gove rise to immediate DUE TO catte (a), stating the underlying couse lost. CATION PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or lawn) Day, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) O. m. Not while of work at work 21. I certify that I attended the deceased from Mar 27, 1958, to Ahrib 4, 1958, that I last saw the deceased $\frac{56}{6}$, and that death occurred at $\frac{10^{32} + 1}{2}$ M, from the causes and an the date stated above. ADDRESS (Street, city or fown, state) DATE SIGNED ACTUAL SIGNATURE Leaden E.S.S. Hospital, Cambridge, shauld the registrar O FUNERAL Thomas J. Dredge, M.D. NAME (Type) BURIAL, CREMATION, 1224. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. DOCATION (City, town, or county) (Stote) 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE ADD Q



death.

HOSPITAL

9

E381 151 891

BUREAU Y. S.

ADDRESS

Cambridge.

FUNERAL DIRECTOR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

;/	TE OF DEATH	1			R	eg. Di	ist. N	1451	5()
	2. USUAL RESIDENCE (Who a. STATE	_		f instituti	ioni	Resider	ace bel	fore admi:	ssion)
	Maryl c. CITY OR TOWN (IF o		anto Limita	- maite C				este	
1	·	,	Prote timit	, write it	UK	AL GNG	dise u	earesi iaw	m)
4	/ Cambr	idge						,	
- {	d. STREET ADDRESS							e. IS RE	SIDENCE A FARM?
	121 P	ine	Stre	et				YES [] NO 🔯
	East	4. DATE		Mor	ılh		E	Эоу	Year
	Waters	OF DEATH		Ap	r		1	17.	19 58
H	B. DATE OF BIRTH		9. AGE lost b	In years				_	ER 24 HRS.
1	Nov. 17. 1	898		9 уп.		Aonths	Doys	Hours	Min.
US	TRY 11. BIRTHPLACE (Stote	or foreign c	ountry)			12. CI	TIZEN	OF WHA	T COUNTRY?
	Dorchest	er C	0	Ма			T	JSA	
	14. MOTHER'S MAIDEN N	AME		AA34	_			- hat-da da	
	Honz	iett	2	Cla	e)	1			
. 18	IFORMANT	<u> </u>	<u> </u>	Add					
M	rs. Iona K.	Col	eman	, C	ar	nbr:	ide	ge,	Md.
	- 1						IN	TERVAL B	ETWEEN
	207 Vic	11.					101	25. 7141	DEATH
	4								
	NOT RELATED TO THE TERMI		E CONDI	ION GIV	VEN	IN PAR	T 1(o)	19. WAS PERFO YES [ORMED?
REC	. (Enter nature of injury in F		t 11 of iter	n 18.)				120	<u> </u>
PL/ foc	CE OF INJURY (Hame, farm, tory, street, office bldg., etc.	20f. (Cit)	or town)			(County	3	(State)
-	, 1957, to Le	The 1	7	195	7/1	hat I	last s	saw the	deceased
th	occurred ot 2:30/	LM from	n the c	NIXAL (7°	1 00 1	ho d	ata chai	ad abava
***	()	ADDRESS (S	Ireel, city	or lown.	sta	te)	ne u		ATE SIGNED
٠,	1	ul C	, 7	1101	p.	•	1	10,	7 17
_'	n.v		k	64			Bangl	Y1.1.	dyent (f
*	sou.						/		
OI	CREMATORY	22d. LOCA	TION (Cir	y, town,	or c	ounty)		(Sto	ie)
e	terv	Camb	ride	e.	Ma	ary	lar	nd	
	A4 A5515	DE DECIE		4 2501	C T D	40.0	Chiari	IDE	

VS A15 (4) 15M 9/55

ENUEVO X. E.

VS A15 (4) 15M 9/55

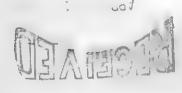
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- 10	2	
	10	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4553 CERTIFICATE OF DEATH

04561

				CEIVIIIIO		0, 0,	-711				Reg. Di	st. No		
1.	PLACE OF DEATH				2. U	SUAL RESIDE	NCE (Wh	ere decease			nı Resider	ice befo	re odmissi	ion)
П	o. COUNTY Do:	rchester Co.		MARYLAND	°	. STATE	d.		ь. С	DUNTY	Dor	che	ster	Co.
	b. CITY OR TOWN (If outside corporate limits, v	vrite	c. LENGTH OF STAY IN 15	c	CITY OR TO		utside corpo	rote limits,	write Rt				
	RURAL and give m			1 Week	1 1	Lloy		_						
H	d. NAME OF HOSPIT	TAL (If not in hospital, give	street or		1	d. STREET ADD		us					e. IS RESI	IDENCE
	OR INSTITUTION	Md. Hospita				T30:	yds 1	Ma						FARM?
3		First	14.	Middle	11		yus .	4. DATE						
1	DECEASED					Last		OF DEATH		Mont	m 	De		fear
Ļ	(Type or print)	William		W.		<u>heatle</u>	<u> </u>	DEATH	la 100 il	Apr:		9	I IF UNDE	9 58
				NEVER MARRIED	B. UA	TE OF BIRTH			9. AGE (In		Months	Days	Hours	Min.
	Male	1 1111100	DOWED		6/	7/86			71	yrs.				
10	during most of wor	ON (Give kind of work done king life, even if setired)	10b. K	IND OF BUSINESS OR INDU	STRY	11. BIRTHPLAC	E (Stote	or foreign c	ountry)		112. CII	IZEN C	OF WHAT	COUNTRY
L	None		N	one		Neck	Dis	t. Dor	cchest	er (Gd		USA	
13.	FATHER'S NAME				14.	MOTHER'S M	AIDEN N	IAME						
	Willi	am Wheatley				Am	anda	Marsh	nall					
		R IN U. S. ARMED FORCES		OCIAL SECURITY NO. 17.	NFOR	MANT				Addre	e11			
I .	No	fit had dien men en erenen en benanen		8-12-1601 M	rs.	Willia	am W	heatle	ov T	Jow	ds Md			
F		ATH [Enter only one cause	per line									LINT	ERVAL BET	TWEEN
L	PART I. DEA	TH WAS CAUSED BY:	B.	cute Pancreati	iti	E						ONS	LO da	DEATH VS
	* 1	IMMEDIATE CAUSE (o)		cuto Tanorcat.	± V.	<u> </u>								<u> </u>
	Conditions, if a													
	gaye rise to i	mmediate												
	cotise (a), stating lying cause last.													
z		(c)	ONS CC	ONTRIBUTING TO DEATH BUT	TOM	DELATED TO T	ME TERMI	NAL DISEAS	E CONDITI	ON GIV	ENI INI DAD	T Vevil	DAW OF	LUTOPSY
E				itis media and						DIN OIVI	EIA IIA FAK	1 1(0)	PEREO	RMED?
15										10.1			YES IS	NO 🗌
CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING TO 206 CAUSE OF DEATH MEDICAL EXAMINER)	o. DESCI	RIBE HOW INJURY OCCURRE	:V. (ENI	ter noture of I	njury in r	art i ar ror	TREATHER	18.j				
MEDICAL				JURY OCCURRED 20g, PI	ACE O	F INJURY IHO	me, form	, 20f. (City	or town)		(4	County)		(Stote)
AED A	Hour a.m.		Whîle at work		ciory,	street, office b	iog., eic.)						
~		nat I attended the de		3-28-58		. 19	to 4	-9-58		10	that I	1	45	J .
		+9-58 (3)	10-3				10 <u>-</u>	*-9-25		7	"inor i	IOST SC	aw rne	aeceasec
	alive on		X 1.	, and that death	3 0 000	urrea at		JNI, TFOT ADDRESS (S				he da		ed abave NTE SIGNES
	ACTUAL / C'C	13,6	27	inta.		000 11 3				i town, s	ridiaj			
	SIGNATURE	-0-01	10		M.D.	200 Mai	'y Lar	nd Ave	nue			4=	-11-5	0
	PHYSICIAN'S NAME (Type)	Albert E. Bu	ınke	r, M. D. ·		Cambr	Ldge	Mary	land					
22	. BURIAL, CREMATIC	N, 226. DATE THEREOF		22c. NAME OF CEMETERY C	R CRE	MATORY		22d. LOCA	TION (City,	lown, o	r county)		(Stote)
I	REMOVAL (Specify)	4/11/58		Greenlawn C	eme:	terv		Camb	ridge		M	d.		
23	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS			4a. REC'I	D BY REGIST	7.00		TRAR'S SI		RE)	
I	eCompte F	uneral Servic	е	Cambridge Md	•	0	ATE	APR 1 5	153	Cin	I fre	duce	h	



EUREAU V. S.

VS. A15ME

5M 2/57

04562

PLACE OF DEATH	A E 17.1					Reg. Dist. N	0.
	2011	***	2. USUAL RESIDENCE	Where deceos	ed lived. If institu	tian: Residence be	efore admission)
o. COUNTY Derches	ter	MARYLAND	o. SYATE Mary	Land	b. COUNTY	Careli	ne
b. CITY OR TOWN (II outside corp		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corp	porote limits, write	RURAL and give	nearest fown)
Cambridge		11 yrs.	Dente	30.	0	5x-2	
d. NAME OF HOSPITAL OR IN	STITUTION (If not in h		d. STREET ADDRESS				e. IS RESIDENCE
Eastern Shore	State Hes	pital					YES NO.
3. NAME OF	First	Middle	Lost	4. DATE	Month	De)	Yeor
(Type or print)	than	Wil	llis	DEATH	April	13	19 58
5. SEX 6. COLO	OR OR RACE 7. MAR	RIED NEVER MARRIED 3 8	DATE OF BIRTH	-	9. AGE (In years	. 1	
Male W	hite WIDOV	/ED DIVORCED	Oct. 27, 18	97	60 yrs.	Months Doys	Hours Min.
100. USUAL OCCUPATION (Give	kind of work dane 10b	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Slote	THE OF BIRTH OCT. 27, 1897 9. AGE (In years for by heav) Who has Doys Hours Min. 11. BIRTHPLACE (Stote or foreign country) Mrayland MOTHER'S MAIDEN NAME Flora M. Nichels RMANT Address Cambridge, Ma. INTERVAL BETWEEN ONE OF BIRTH ONE OF WHAT COUNTRY U.S.A. INTERVAL BETWEEN ONE OF AND DEATS			
during most of working life, ever Handynan	Bit II (Billact)	Any	Mrayland			U.	S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
Charles H. Wi	llis		Flora M.	Nichel	.8		
15. WAS DECEASED EVER IN U. S	S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17, IF	NFORMANT				
Unknown	. Har or dates on service)	- R	ecerds E.S.S	. Hesp	ital Ca	ambridge	, Md.
PART I, DEATH WAS COMMEDIA		Coremary ocel	nsien			QN	SET AND DEATES
Conditions, if any, which							
gave rise to immediate cous	al ous vo	the second contract the second of the second		A. A			****
(a), stating the underlying	(c)						
PART II, OTHER SIGNI	FICANT CONDITIONS	CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERM	MINAL DISEAS	E CONDITION GIV	EN IN PART T(0)	19. WAS AUTOPSY
S Dement	tia praeces	. Simple deter	ieration.				YES NO
PART II, OTHER SIGNI Demont 20g. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTIN CAUSE OF DEATH.	G 🗆 206. DESCI	HBE HOW INJURY OCCURRED. (E	inter noture of injury in Po	ori I or Pori II	of item 18.)		
20c. TIME OF INJURY Mo	W		CE OF INJURY (Home, for ory, street, office bldg., et		y or lawn)	(County)	(Stole)
21. 1 certify that 1 to	ak charge of the	e remains described abo	ve, held an Autop	Losi 4. DATE OF DEATH APTIL 13 19 58 8 IRTH 9. AGE (In years for before) For the before			
opinion death resulter	d fram: Natura	causes Accident	, Suicide ,	Homicide	. Undete	rmined mann	ner 🗌
ACTUAL SIGNATURE	2 2	word &	M.D.				DATE SIGNED
	ha Mana Tan	/				-	/13/5A
EXAMINER'S NAME (Type)	hn Mace Jr.				THE RESERVE TO SERVE THE PARTY OF THE PARTY		1/ 42/ 70

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4554 **CERTIFICATE OF DEATH**

	- A. O	U A			Keg.	DISI, 140,		
o. COUNTY	orchester Co.	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Md.		COUNTY	ence before admission)		
	V (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate lin				
Cambridg		3 Days	X Toddvil	le Md.				
d. NAME OF HOS	PITAL (If not in hospital, give stre		d. STREET ADDRESS	2000		e. IS RESIDENCE ON A FARM?		
Cambrida	e Md. Hospital		Toddville	Md.		YES NO		
3. NAME OF DECEASED (Type or print)	First Olive	Middle Mills	Windsom	4. DATE OF DEATH	Month April	Day Year 19. 19.58		
i. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AG	E (In years IF UND	ER I YEAR IF UNDER 24 HE		
Female	White WIDO	WED DIVORCED	3/8/84	7	birthday) Months	Days Hours Min.		
00. USUAL OCCUPA	ATION (Give kind of work done 10 vorking life, even if retired)	b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (SIO	e or fareign country)	12. (TIZEN OF WHAT COUNT		
Housewife	rorking life, even if refired)	None	Bishon	s Head Md.		USA		
3. FATHER'S NAME			14. MOTHER'S MAIDEN			OULL		
Caleb	Mills		Tha	lcenia Mod	re			
5. WAS DECEASED E	EVER IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17.	INFORMANT	TOGILLE MO	Address			
(Yes, no. or unknown)	(If yes, give war or dates of service)			7.14 1		e Md.		
No None Miss Anita Windsor Toddville 18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).]								
Coese (a), static		S CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE CON	DITION GIVEN IN PA	ART 1(a) 19. WAS AUTOPS		
						PERFORMED?		
	WAS UNDERLYING 20b. D NG CAUSE OF DEATH IFY MEDICAL EXAMINER]	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of i	tem 18.)			
20c. TIME OF INJ Hour o. n p. n	n. Whi	,	ACE OF INJURY (Home, for ctory, street, office bldg., et		rn)	(County) (Stat		
21. I certify olive on	that I attended the dece		19.5710/ 1 occurred at 1-5			I last saw the deced		
ACTUAL SIGNATURE	Time by	Burdetti.	- 16	ADDRESS (Street, ci		DATE SIG		
PHYSICIAN'S NAME (Type)	Lewis N	Burdett	to Con	boide	e. N	K.		
REMOVAL (Speci	TION, 226. DATE THEREOF	22c. NAME OF CEMETERY C			City, town, or county			
Burial 3. FUNERAL DIRECTO	- SI SHI / V	Zion Church (Toddvil		Md.		
			24a. REC	D BY REGISTRAR	24b. REOTSTRAR'S	IGNATURE /		
eCompte F	Funeral Service	Cambridge Md.	DATE		Stort.	- D B 1 1 1 1		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be relained by the haspital or attending physician.

TO FUNERAL DESCRIPTION: After this certificate has been signed by the attending physician and campletely filled in 1977he funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remaval, and in any event within 72 haurs after death. VS A15 (4) 15M 9/55

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